

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69007	9/2/00
O.I.P.E. CLASSIFIER		49	9/19/00
FORMALITY REVIEW		65372	10-30-00
RESPONSE FORMALITY REVIEW		16	1-8-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	11/3/00
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	0
12	✓
13	✓
14	✓
15	✓
16	0
17	0
18	✓
19	✓
20	N
21	
22	
23	N
24	
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	0
35	✓
36	N
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	0
44	✓
45	N
46	A
47	✓
48	✓
49	✓
50	N

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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